

# Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

**Date:** 8-24-2010

**Address:** CR 300 S W of CR 950 W

Case #: 22F46241

South Whitley, IN

**County:** Whitley

46787

## Type of Laboratory Seizure (check one)

- ☒ Operational Lab  
☐ Chemical/Glassware/Equipment (only)  
☐ Dumpsite (only)

**Seizure Location (check all that apply)**

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Residence   | <input type="checkbox"/> Hotel/Motel                    |
| <input type="checkbox"/> Outbuilding | <input checked="" type="checkbox"/> Open – No Structure |
| <input type="checkbox"/> Vehicle     | <input type="checkbox"/> Other:                         |

**Items Found: Location (bedroom, kitchen, open air, etc)**

(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): Open Air
- ☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_
- ☒ Flammable Solvents: Open Air
- ☒ Water Reactive Metal (Lithium): Open Air
- ☐ Anhydrous Ammonia: \_\_\_\_\_
- ☒ Hydrochloric Acid Gas Generator(s): Open Air
- ☒ Corrosive Acid: Open Air
- ☐ Corrosive Base: \_\_\_\_\_
- ☐ Other (item and location): \_\_\_\_\_

**Child under age 18 discovered (check one)**

- ☐ Yes . . . . (number present)  
☒ No

\*If yes, fax report to Child Protective Services

### Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log  
☐ Retail/Merchant Tip  
☐ Other:

**This report is to be faxed to the following agencies that serve the location:**

Fire Department: Richland Twp Fire dept

Fax:

Health Department: Whitley Co Health Dept

Fax: \_\_\_\_\_

Child Protection Service:

Max: \_\_\_\_\_

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Reed, Todd

Phone 260-432-8661

**\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.**

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.